

# Updated Influenza Surveillance, Reporting and Testing Guidance for Laboratories

## Michigan Department of Community Health April 2010

This guidance replaces prior MDCH recommendations on influenza surveillance, reporting and testing issued during the summer and fall of 2009; it does not replace previous guidance on clinical treatment or influenza vaccination. Future updates may be issued if influenza virus severity or activity changes. Please feel free to call the MDCH Bureau of Laboratories at (517) 335-8063 or the MDCH Division of Communicable Disease at (517) 335-8165 with any questions.

### Updates on Surveillance Activities

- Based on current influenza activity, the increased surveillance implemented by the Centers for Disease Control and Prevention (CDC) during the pandemic will be downgraded to only include systems utilized in previous influenza seasons (the ILINet outpatient sentinel provider network, pediatric death reporting, Emerging Infections Program (EIP) surveillance, laboratory data, etc.).
- CDC will conclude its influenza hospitalization and adult mortality reporting on April 6, 2010. Therefore, the final day of required reporting of influenza-associated hospitalizations and adult deaths in Michigan will be April 3. MDCH still encourages future *voluntary* reporting of hospitalizations and adult deaths into the MDSS by local health departments and providers.
- Reporting will continue for pediatric influenza-associated deaths (<18 years) and influenza cases with severe, unusual presentations (encephalitis, pulmonary hemorrhage, pregnant or postpartum women with severe complications, etc.).
- The weekly flu-like illness report (currently located at [www.michigan.gov/flu](http://www.michigan.gov/flu) under the links "Novel H1N1 Influenza" → "Current H1N1 Activity") will be discontinued after May 25, 2010. Michigan influenza activity will continue to be summarized in the MI FluFocus weekly report.
- MDCH's participation in the CDC EIP tri-county influenza hospitalization study concludes April 30, 2010.

### Testing

- Since influenza prevalence is currently low and expected to remain so during the summer and early fall, the MDCH Bureau of Laboratories (BOL) is encouraging the submission of respiratory specimens to the BOL for influenza and respiratory virus testing for public health surveillance.
- The clinical criteria set in place for BOL influenza testing in September 2009 have now been removed. Specimen submission from any patient type, including outpatients, hospitalizations and especially deaths, is encouraged.
- BOL will continue utilizing RT-PCR for all influenza strains, including 2009 A/H1N1 influenza, as the first line of testing. RT-PCR testing will be conducted at a minimum of once per week. RT-PCR-negative specimens will be set up for viral culture.
- Healthcare providers and labs should consider the low positive predictive value of rapid influenza diagnostic tests (i.e. false positives) during times of low influenza prevalence in the community. Confirmatory testing should be sought for rapid test-positive specimens or negative specimens from patients with a high clinical index of suspicion for influenza.
- Laboratory-associated resources, including a list of Michigan laboratories with validated 2009 H1N1 PCR capabilities, can be found at the following website:  
[http://www.michigan.gov/mdch/0,1607,7-132-2945\\_5103-213906--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_5103-213906--,00.html).

### Reporting Recommendations

- **Weekly counts of influenza-like illness:** Please continue reporting these counts to your infection preventionist or local health department as previously established.
- **Additional cases of public health interest (pediatric influenza-associated deaths, severe, unusual presentations of influenza, facility outbreaks, suspect avian or novel strain influenza cases):** Please report these cases to your local health department.